



TOWN OF EASTON
Assessor's Office
225 Center Road
Easton, CT 06612
(203) 268-6291

**MOTOR VEHICLE TAX EXEMPTION FOR ONE SPECIALLY EQUIPPED
VEHICLE FOR DISABLED PERSON**

APPLICATION TO BE FILED ANNUALLY BETWEEN OCTOBER 1 – DECEMBER 31

OCTOBER 1, 2022 GRAND LIST

REGISTERED OWNER OF VEHICLE: _____

RELATIONSHIP TO DISABLED PERSON: _____ SELF _____ PARENT/GUARDIAN

NAME OF DISABLED PERSON: _____

HOME ADDRESS: _____

MOTOR VEHICLE: REG#: _____

YEAR: _____ MAKE: _____

MODEL: _____ VIN#: _____

****PLEASE INCLUDE COPY OF CURRENT DMV REGISTRATION****

DOCUMENTATION LISTING THE SPECIAL EQUIPMENT OR MODIFICATION MADE TO VEHICLE
ATTACHED: _____

LETTER FROM THE PHYSICIAN ATTESTING TO MEDICAL DISABILITY ATTACHED: _____

****THE LETTER FROM THE PHYSICIAN IS VALID FOR 3 YEARS FROM DATE OF INITIAL
APPLICATION, AND THE LAST YEAR A LETTER WAS RECEIVED WAS: _____**

APPLICANT'S SIGNATURE: _____ DATE: _____

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**ASSESSOR'S AFFIDAVIT:**

\_\_\_\_\_ I AM SATISFIED THAT THE ABOVE NAMED APPLICANT MEETS ALL THE NECESSARY  
REQUIREMENTS.

\_\_\_\_\_ THIS CLAIM IS DISALLOWED FOR THE FOLLOWING REASON:  
\_\_\_\_\_

ASSESSOR/STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
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**FAILURE TO FILE ANNUALLY DURING APPLICATION PERIOD WILL RESULT IN LOSS OF THE TAX
EXEMPTION FOR THE GRAND LIST YEAR. THIS EXEMPTION EXPIRES WHEN THE VEHICLE IS SOLD.
NEW VEHICLE REQUIRES A NEW APPLICATION TO BE FILED.**